

Case Number:	CM13-0043560		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2012
Decision Date:	04/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40-year-old female who reported an injury on 02/14/2012. The mechanism of injury was not provided for review. The patient was evaluated on 09/23/2013 and it was documented that the patient had a score of 12 on the Epworth Sleepiness Scale which was considered an abnormal score. It was documented that the patient was educated on non-pharmacological treatments to promote sleep hygiene. The patient's most recent clinical evaluation dated 01/10/2014 documented that the patient had fluctuating depressive symptoms and sleep issues. Physical findings included tenderness to palpation of the 3rd digit to the bilateral hands, and decreased grip strength. The patient's diagnoses included right hand wrist/hand sprain, overuse syndrome, chronic myofascial pain, and poor coping mechanisms. The patient's treatment plan included continuation of medications, continuation of cognitive behavioral therapy, and chiropractic care. A request was made for a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, CRITERIA FOR POLYSOMNOGRAPHY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, POLYSOMNOGRAPHY.

Decision rationale: The California Medical Treatment and Utilization Schedule and the American College of Occupational and Environmental Medicine do not address polysomnography. Therefore, the Official Disability Guidelines were consulted. The Official Disability Guidelines recommend sleep studies for patients who have excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep related breathing disorders, and insomnia complaints for at least 6 months unresponsive to behavioral interventions and sedative promoting sleep aids after psychiatric etiologies have been ruled out. The clinical documentation submitted for review does provide evidence that the patient has psychiatric overlay to her condition. It is noted within the documentation that the patient was educated on non-pharmacological interventions to promote sleep hygiene. The patient's most recent evaluation does not provide any evidence that the patient was evaluated for the efficacy of these interventions. Additionally, there is no documentation that the patient has been treated with pharmacological agents to promote sleep hygiene. Therefore, the need for a sleep study is not indicated. As such, the requested sleep study is not medically necessary or appropriate.